

63% within the first 6 hours after onset of symptoms. The median time interval from EMS alarm to hospital admission was 42 minutes (16–105 min). Cranial computerized tomography was performed within a median time interval of 228 minutes after EMS alarm (47–1,408 min), and within 188 minutes (3–1,385) after hospital admission, respectively.

Conclusion: Early initiation of treatment is crucial regarding prognosis and outcome in stroke patients. Starting therapy in the EMS provides the possibility of early treatment, thus enabling time limited therapeutic regimens like neuroprotection and thrombolysis. Parallel to advanced trauma life support algorithms (ATLS), in-hospital treatment of stroke patients should be optimized to reduce time delays.

Key words: diagnosis; emergency medical services; scans; stroke; time intervals; outcome; prognosis; treatment

E-mail: heid@mail.uni-mainz.de

Prehosp Disast Med 2001;16(2):s35.

Efficacy of MEBO Bandaging in Treating Second-degree Burns

Huang Canqun; Tian Yichun; Wei Qinpin; Liu Lixin

Shangqiu No. 71315 Troop Hospital, Henan, PEOPLE'S REPUBLIC OF CHINA

Objective: To observe the efficacy of MEBO bandaging method in treating burn wounds.

Methods: Patients with second-degree burns who were hospitalized during the same period were selected for treatment with MEBO bandaging.

Results: 180 cases of superficial and deep second-degree burns all were cured. Wounds healed without any hyperplastic scar.

Conclusion: MEBO bandaging method for treating second-degree burns gives very reliable efficacy and is easy to apply. It is worthy of adoption.

Key words: bandaging; burns; healing; second degree; MEBO; scar; wounds

Prehosp Disast Med 2001;16(2):s35.

Improving Capabilities in Prehospital Trauma Life Support

Huang Zeping;¹ Gao Lixia;² Gao Jiren¹

1. Military Medical Service Department of the Second Military Medical College, Shanghai, CHINA

2. Beijing, PEOPLE'S REPUBLIC OF CHINA

Introduction: Prehospital Trauma Life Support (PHTLS) is the action taken on the injured before entering medical service such as at a firstaid station. China is one of unfortunate countries where various disasters happen everyday. Therefore, it is necessary to perfect PHTLS.

Hypothesis: Based on the analysis of the current situation of PHTLS in Shanghai, the authors hold that the best approach for improving the capabilities for PHTLS are as follows:

1. The most important measure is to increase the speed of the critical care response to disaster. This is of great

importance for lowering the incidence of disability and mortality of the injured. This may be accomplished by bettering the personal mental status, communication apparatus, first-aid station distribution, vehicles, and so on

2. Increasing the level of critical care provided at the scene of the disaster also is vital. This demands incorporating the concept of taking action without sophisticated medical support, counterplans, a transient conduct system, practiced skills for critical care, essential medicines and medical instruments in the ambulances, and practice during peacetime.

Conclusion: A strategy for enhancing the delivery of PHTLS during a disaster is proposed.

Key words: China, critical care; life support; prehospital; responses; speed; trauma

Prehosp Disast Med 2001;16(2):s35.

Effects of Noradrenaline on Absorption of Organophosphorus Pesticides during Animal Lavage

Jiang Genshen; Ye Shoushan; Yang Wenxia

Tongling No.4 Hospital, Anhui, PEOPLE'S REPUBLIC OF CHINA

Objective: To look for an effective substance to use for lavage.

Methods: After pouring different concentrations of noradrenaline into a rat's stomach, we observed the change of the rat's gastric mucous membrane. We also poured DDVP into dog stomachs. The dogs were allocated into three groups: the model group (no lavage), the experimental group (lavage using adrenaline) and the control group (lavage using NS). Cholinesterase activity, blood pressure, and heart rate were monitored.

Results: When using noradrenaline, maximum concentration (0.03%), there was no change in the rat's gastric mucous membrane. The cholinesterase activity decreased in the model group, and was minimal in the experimental group ($p < 0.01$).

Conclusions: Lavage using noradrenaline (0.008–0.016%) may be safe and may decrease the continuous absorption quantity of poison. Lavage using a 0.008% noradrenaline solution provided the best results. Lavage using a solution of noradrenaline (0.008%) for organophosphorus pesticide poisoning shows promise for clinical use.

Key words: cholinesterase; lavage; noradrenaline; organophosphates; poisoning

Prehosp Disast Med 2001;16(2):s35.

Analysis of Serious Organophosphate Poisoning

Jin Yousheng; Song Xiuxian

Xinyi No.73071 Troop Hospital, Jiangsu, PEOPLE'S REPUBLIC OF CHINA

From June 1995 to September 1999, 67 serious cases of organophosphate poisoning were rescued. Of all of the cases, 7 cases (10.4%) were male, 60 cases (89.6%) were female. The average of the ages was 29.5 years. These cases